

# FMS Foundation Newsletter

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May 2, 1995

*"The timing couldn't have been better if planned. On the day the first part of Ofra Bikel's documentary 'Divided Memories' aired on PBS, an appellate court overturned the 1990 conviction of George Franklin Sr. in a case based on the testimony of his daughter, who said she had seen her father kill her friend Susan in 1969 but had suppressed all memory of it for 20 years."*

*"Of the two blows to the 'repressed memory' industry, Bikel's is the more devastating."*

Cathy Young, *Detroit News*, April 11, 1995

Dear Friends,

Psychotherapy is an essential service and people who need that service should be assured of quality care. The American public is increasingly behaving as responsible consumers of that service. The absurdities and logical inconsistencies of the recovered memory therapy movement have received wide exposure this past month, increasing skepticism about the wild claims of 'recovered memory' and magical memory processes. Consumers know that there is agreement that child abuse is a terrible problem and that the FMS controversy is draining resources from helping children in the here-and-now. They know that five professional organizations have stated that there is no way to tell the truth of a memory unless there is external corroboration. They do not know why this controversy continues.

**"It's a senseless, dumb war," Ofra Bikel,**  
*San Diego Union-Tribune*, Mark Sauer, April 11, 1995

Why do professional organizations continue to defend recovered memory therapy? To consumers, it gives every appearance of a disregard for the safety and well-being of the public. This month, for example, in the April APA Monitor, Sara Martin noted that the Council of the American Psychological Association allocated \$18,500 "to monitor the backlash faced by therapists, educators and researchers who work on abuse issues." \$750,000 was set aside "for a comprehensive public-education campaign that will promote the value of psychology." The APA Council passed a resolution opposing the "so-called Mental Health Consumer Protection Act."

- No money was described as allocated for an outcome study of recovered memory therapy or any other therapy.
- No concern was expressed about how the profession could have failed in its responsibility to so many thousands of clients and families.
- No discussion was described about how the APA could improve monitoring within the profession.
- No mention was made of any initiative by the APA to introduce their own suggested legislation that would help to curtail some of the terrible excesses currently taking place.

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According to a report by Alex Beam on April 12, 1995 in *The Boston Globe*, Harvard University has begun an investigation of psychiatrist John Mack, MD, famous because his patients recover memories of space alien abduction and abuse. According to the article, the Harvard University committee "has already drafted a preliminary report that criticizes Mack's research, and finds him 'in violation of the standards of conduct expected of a member of the faculty of Harvard University.'" Consumers might justifiably wonder why the American Psychiatric Association did not take the lead in such an investigation since the safety and well-being of patients is involved. Consumers might justifiably wonder why the American Psychiatric Association has not yet issued any statements about the value of space alien abduction therapy, past life therapy, satanic cult therapy, screaming therapy, reparenting therapy, and a host of other questionable techniques. Where is even the appearance of concern for the safety and well-being of clients?

Like the American Psychological Association, the American Psychiatric Association also opposes the legislative efforts. In the April 7, 1995 issue of *Psychiatric News*, American Psychiatric Association Medical Director Melvin Sabshin, MD noted that "The proposed federal legislation also ignores the fact that psychiatrist physicians—and non-physical mental health providers—are already licensed and extensively regulated at the state level, and are also directly answerable to their peers and to state licensing and review boards for allegations of unethical and unprofessional conduct." Unfortunately, thousands of families will testify to Dr. Sabshin that the system he described has failed.

This month, we take a look at the current perception of recovered memory therapy. We examine the opinions of people who have no affiliation with the FMSF by looking at the reviews of the PBS documentary 'Divided Memories.' We look at the tactics our critics use to avoid dealing with the scientific issues, and we consider the overturning of the Franklin case and some of the comments that have appeared in other legal cases in the news.

The rate of returners and retractors is increasing. We suspect that this phenomenon is going to be over for many families before the profession understands what has happened. We worry that many fine mental health professionals will be harmed because they have not separated from the recovered memory movement.

\$18,500 to study the 'backlash' rather than produce an outcome study of the effectiveness of recovered memory therapy. We are a long way from the end of this problem.

Pamela

**"There's a backlash all right!  
It's a backlash against science."**

Alan Gold, Barrister, Toronto, April 22, 1995

## REVIEWS OF FRONTLINE'S DIVIDED MEMORIES

The airing of 'Divided Memories,' the four-hour documentary by Ofra Bikel and Karen O'Connor shown on PBS on April 4 and 11, provided a unique opportunity to examine the opinion and understanding of recovered/repressed memory therapy in a relatively systematic manner in a population that has no involvement with the Foundation. We collected approximately 30 reviews of 'Divided Memory' available on a computer database and added another 10 that were mailed to us. The titles of these reviews tell their own story.

### When therapy is the disease

(The Vancouver Sun)

### Repressed memory theorists self-destruct

(Detroit News)

### A tale of manipulated memories

(The Indianapolis Star)

### Frightening look at regression therapy

(The Washington Post)

### Growth industry: Helping recall sexual abuse

(The New York Times)

We examined each review to note the points mentioned by the reviewers. Many of the reviews noted that the program offered equal opportunity to both sides. No review even hinted that there was any unfairness in this program.

"Bikel wants you to make up your own mind about this controversial subject and both sides are allowed plenty of time to make their cases."

The Seattle Times, April 3, 1995, John Voorhees

"There is no need to editorialize in her documentary because simply by turning on the camera in these 'therapy' sessions viewers can judge for themselves."

Globe and Mail, April 4, 1995, John Haslett Cuff

"Her film can be called even-handed in that both critics and champions of recovered memory get equal time—enough for the latter to self-destruct."

Detroit News, April 11, 1995, Cathy Young

"It is a straightforward and even-handed documentary, but casts a suitably skeptical eye on the pseudoscience of a looking-glass world where the sheer extravagance of a patient's claim can become the primary support for it and outside disbelief is transformed into the evidence of 'denial.'"

The Plain Dealer, April 4, 1995, Tom Feran

One issue dominated the comments: the therapists' notion of "truth." Some reviewers specifically noted the logical inconsistency of therapists who said that it was not their job to be a detective to determine the "truth" while at the same time saying that they should "validate" their patients' memories of abuse.

"And yet the therapists she interviews, while stating they believe their patients, insist it is absolutely not their job to try to corroborate whether a father actually raped his daughter before accusing him of the crime."

San Diego Union Tribune, April 11, Mark Sauer

"In her new 'Frontline' documentary, 'Divided Memories,' Ofra Bikel takes on the issue of repressed memory and what's come to be known as the 'recovery movement' generally. For the therapy schools in question, this is most certainly not good news...Here are psychologists confidently explaining that whether the patients' 'recovered' memories of abuse are factual or not is irrelevant—for there is no such thing as truth—and, after all, the most important goal of therapy is to make the patient feel powerful."

Wall Street Journal, April 3, 1995, Dorothy Rabinowitz

"They're not detectives or fact-finders, they say, neither judge nor jury. What they often appear is arrogant, dangerously enabling vulnerable patients' delusions to take a life of their own...At times, you feel you've stumbled into an absurdest episode of The X-Files, as in a hypnosis session where a woman recalls being abused by her baby sitter. Then she flashes back to a former life where she says she abused the baby sitter, who was then her servant...It would be funny if it weren't so scary. Divided Memories is one long shudder of the national soul."

USA Today, April 4, 1995, Matt Roush

"The casualness of some therapists about whether or not such memories are objectively factual can be breathtaking."

The Fresno Bee, April 4, 1995, Kirk Nicewonger

"And she uses repressed-memory therapists' own comments to discredit them. They admit, for example, that they regard the truth of patient claims of abuse as irrelevant to treatment, despite the awful consequences of such assertions."

New York Daily News, April 4, 1995, Eric Mink

Video copies of 'Divided Memories' are available for \$133.50. (\$155.00 abroad). Transcripts are available for \$10.00 each.

**Journal Graphics**  
800-825-5746 or 303-831-9000  
1535 Grant Street  
Denver, CO 80203

The absurd extremes of recovered memory therapy such as space alien abduction, past lives and intergenerational satanic cult beliefs are in danger of undermining all mental health treatment. Some comments in the 'Divided Memories' reviews support an observation of increasing public distrust of mental health treatment.

A daughter and her therapist can make a new kind of lynching party today, the documentary shows. Why would anybody make up such stories, it is argued. They are so odious. Yes, but isn't that what mental illness is? It defies reason.

*Newsday*, April 9, 1995, Marvin Kitman

vested interest in finding abuse and a cavalier attitude toward truth."

*The Baltimore Sun*, April 5, 1995, Editorial

"The healing profession seems to be filled with strange new therapies, which would play well on the Shrinkovision network... 'Divided Memories' is a dysfunctional family festival that does for psychotherapy what the Whitney Biennial does for art. And the most fascinating thing of all about the repressed-memory debate is that anybody who finds some of these people and their theories a little hard to take is, as they say, in denial.

*Newsday*, April 9, 1995,  
Marvin Kitman

"In the end you have to wonder about certain of the 225,000 licensed psychotherapists who practice shrinking techniques ranging from the old-fashioned talking cure to past-life regressions. Some of the play-acting mumbo jumbo is distinctly creepy."

*The Denver Post*, April 4, 1995, Joanne Ostrow

"'Divided Memories' becomes one of television's most extraordinary investigations into the legitimacy of psychotherapy itself—its pseudo-religious aspects, its penchant for launching pop movements that soon fizzle, its preference for feelings over reason. The children of Freud are now at an unprecedented crisis point."

*Los Angeles Times*, April 4, 1995, Robert Koehler

"'Divided Memories' has to be viewed as a landmark program in the way it skewers psychobabble and displays the tragic human fallout of an overtherapized nation... And while remaining admirably unbiased on the issue, Bikel nonetheless leaves the impression that at least some of the instances are attributable directly to the power of suggestion (i.e. brainwashing) during psychotherapy sessions. This is, of course, a serious breach of professional ethics..."

*Santa Cruz County*, April 4, 1995, Ray Richmond

The events of the past several years suggest that the price of not waiting for scientific knowledge may be disastrously high. It is imperative that all involved in this debate work hard to ensure that the standards of science, not rhetoric or pseudoscience, constitute the framework for future discussion.

Daniel L. Schacter  
*Scientific American*, April, 1995  
Review of *Making Monsters*

"Ofra Bikel's documentary carefully uncovers the agony of the process and the devastation of the allegations that spring from it. It also lays bare the irresponsible, unethical and mercenary behavior of some therapists... The controversy will continue. The August installment of a newsletter

called the 'Psychologist's Legal Update' quotes a legal expert as estimating that court costs in repressed-memory cases will run about \$25 million annually in coming years. The legal newsletter seeks to help therapists financially. *Frontline*, by demonstrating the dreadful human consequences of a cavalier approach to repressed memory, may help them morally."

*Philadelphia Inquirer*, April 4, 1995,  
Jonathan Storm

"The controversy around repressed memory has the psychoanalytic establishment worried about spillover—that it will cast psychotherapy per se in a dubious light. And in fact, the number of patients seeking therapy has declined in the past few years, although the likely cause is the economic pinch on the middle class (to say nothing of managed care) rather than the fear that one is going to be brainwashed into denouncing one's parents as satanic child abusers... It's also possible, given their deficient deductive ability, that recovered memory adherents will find support for their theories and practices in *Divided Memories*."

*The Village Voice*, April 11, 1995, Amy Taubin

*Frontline reviews to be continued in June.*

#### THE HARSHTEST REVIEW OF ALL

"I cannot believe they are adults, like you mother. What are they, faking it? When little children play doctor, they know they are playing."

10th grade student's reaction to *Divided Memories* Pt 1

## OUR CRITICS NAME CALLING:

(We apologize if the language in this section offends readers.)

Many of our critics have now resorted to name calling. A reasonable assumption is that people resort to name calling when they have no scientific or logical arguments.

**Example 1.** Following is a passage from the *Miami Herald*, April 3, 1995, "Sexual abuse and memory: A status check" by Fred Tasker.

"Delaney Nickerson, of the American Coalition for Abuse Awareness, voices that pain, angrily referring to the False Memory Syndrome Foundation as 'The F---ing Molesters' Society.'"

The American Coalition for Abuse Awareness (ACAA) is a lobbying group headed by lawyer Sherry Quirk, a partner of the firm Verner, Liipfert, Berhhard, McPherson and Hand in Washington, DC which supports ACAA on a pro bono basis. (In a recent talk, Ms Quirk made a point of noting that former Senator Lloyd Bentsen and former Governor Ann Richardson were members of the firm.) The Coalition for Accuracy About Abuse started by Ellen Bass and Rene Fredrickson recently merged with ACAA.

**Example 2.** The material distributed at the "Stone Angels" satanic ritual abuse conference in Thunder Bay in February is being examined as "hate literature." The following was contained in the handouts at this conference which received financial support from the Ontario government.

FMS

FMS this, FMS...  
which stands for  
FULL OF MOSTLY SHIT.

And their slogan is,  
FOR MORE SADISM

And they advocate for  
FELONS, MURDERERS,  
SCUMBALLS

And they receive funding from  
FREQUENT MOLESTERS  
SYNDICATE

And I want them to know that  
they aren't  
FOOLING MANY SURVI-  
VORS

FMS THIS, FMS.

**Example 3.** At the opening of the Women's Law Project and the Penn Women's Center program on "Sexual Abuse Memory & the Law," on April 21, 1995, the FMSF was compared to

Operation Rescue. On the Internet, several posts have compared FMSF to Operation Rescue. This comparison rests on the picketing of one person, Chuck Noah, in Seattle, Washington.

Chuck Noah does not, nor does he claim to speak or act for the Foundation. Chuck is a retired construction worker and picketing is a part of his experience for making change. Chuck has said that picketing is something he just has to do even though he knows that it is not something that the FMS Foundation supports.

Some people write. Some people have become involved in trying to change the laws that govern mental health. One person in the entire nation, Chuck Noah, has found that picketing is a way for him to express the anger that he feels for the harm done to his daughter, for the grief that he feels over the loss of his daughter, for the outrage that he feels at the injustice of being called a child molester by people who refuse to talk to him, and for the frustration that he feels because there is no monitoring of the mental health system in this country. Chuck Noah must be having a profound effect if he is being equated with Operation Rescue.

## IN PROFESSIONAL PUBLICATIONS:

**Example 1.** Alice Phillips, M.D., in Washington wrote that "Some of us who have educated ourselves in the treatment of dissociative disorders refer to the False Memory Syndrome Foundation folks as 'the falsies...'"...in the March 1995 issue of *Clinical Psychiatry News*.

**Example 2.** *Family Therapy Networker*, March/April '95. In "Caught in the Cross Fire" Katy Butler writes that in direct contradiction to statements by FMSF that the claims are rarely corroborated, other therapists have reported "fathers who admit, and apologize for things their daughters recall after years of forgetting." (comment: Ms Butler has mixed "apples and oranges." Families who call the FMS Foundation tell us that no attempt is made to corroborate their children's memories. That is a fact. Using a different population to make a counterpoint to Foundation data moves the debate from the scientific to the political.)

**Example 3.** *California Therapist* March April 1995. Anne Hart, survivor of incest and ritual abuse and a peer counselor, notes in the "Great Debate" that there is not a diagnosis of FMS. "It is a term created for maximum

## "The Van Der Kolk Good Novel Theory" for determining the truth of a patient's report Frontline, "Divided Memories" April 4, 1995

BESSEL VAN DER KOLK, M.D., Harvard Medical School: Every time people tell a story, it's basically a story that is looking for somebody to believe you, to be convinced. Of vital importance for a person's well-being, own well-being, is to make a narrative of their own life that makes sense to them. And for people's own well-being, the accuracy of one's own story about oneself is not critical. We all tell tales about ourselves. We all have images of ourselves that are not entirely in keeping with the reality of one's life, but we need to have a coherent version of ourselves.

INTERVIEWER: So what do you do? How do you ever know what the patient is saying actually happened?

Dr. BESSEL VAN DER KOLK: It's like reading a novel. You read a bad novelist, after a while, you put the book down because the story doesn't cohere. The story doesn't make sense. People don't talk this way and people don't interact this way and the book is lousy. If you read a great book and the characters are true to life, that's how people really feel and interact with each other. And eventually, when you do clinical work with people, the internal coherence of the story, how it all hangs together, is not very different from what the great novelists do.

media impact, serving those who have the most to lose if the truth is revealed." "The denial of child abuse is as old as child abuse itself; the perpetrators continue to shrill their innocence."

**Example 4** "Dissociative identity disorder and the trauma paradigm" in *Dissociative Identity Disorder: Theoretical and Treatment Controversies*, 1995, L. Cohen, J. Berzoff & M. Elin (Eds.). Denise Gelinas states, "The FMSF actively enlists other accused parents and coaches them in ways to attack their children's credibility." "Their most striking innovations include the fabrication of a hypothetical disorder—the 'false memory syndrome'—and their intentional manipulation of a willing press." "Clinicians are beginning to defend themselves from these attacks in a number of ways. One form of defense is to examine the motivations of the attackers, particularly those individuals within the FMSF, since the Foundation has been so central to these attacks. Rockwell (1994) writes that 'the False Memory Syndrome' is a sham invented by pedophiles and sexual abusers for the media." This book was published by Jason Aronson.

**Example 5** Last month we mentioned that the Conference at Kansas University Medical Center seemed to end in personal attack. We did not elaborate and as a consequence have received several questions about that session which was titled, "Science, Memory, the Courts, and Practice: What Do We Know and How Do We Know It?". While the speaker, Kenneth Pope, Ph.D. began with a presentation of important data about the difficulties of monitoring the profession of psychology, the talk moved into another area. Several people associated with FMSF who had nothing to do with the conference were singled out and the audience was asked to feel empathy for them. Issues were not discussed.

Dr. Pope went on to describe the work of several professionals on the FMSF Advisory Board. Because this session was not taped, it is difficult to be specific in most instances. In one case, however, a transcript quoting Paul McHugh was read. (Dr. McHugh was no longer present to respond.) What was read made it sound as though Dr. McHugh personally practiced the memory-recovery techniques of hypnosis and sodium amytal about which he has publicly urged caution. We obtained a copy of the transcript that was read, and we contacted Dr. McHugh for his response.

PAUL MCHUGH, M.D.: "The transcript is of my interview on Nightline where I was asked by Dr. Richard Berenson to join him in discussing how his (unforgotten) experience of

But what if the memory of abuse is not true? "I don't care if it's true," one California therapist replies to that question. "What actually happened is irrelevant to me...We all live in a delusion."

*The Washington Post* 4/4/95

sexual abuse as a child may have played a role in his adult deviant behavior. I described several ways that we attempted to challenge his account of sexual abuse. A counter opinion was that he was fraudulently claiming this abuse so as to blunt criticism and escape some punishment for his actions.

"One of the methods we employed was an interview under amytal sedation. It was not our aim to use this sedated state to explore his memory for other experiences in his history. We did, and still do, consider an amytal sedated patient to be vulnerable to influence that can create artifactual memories. Our effort was devoted to observing whether he would admit, under amytal sedation, that he had concocted a child abuse story and might then deny it. Dr. Berenson held to his memories despite the sedation. We then launched other efforts to confirm or dismiss them. When all our investigations were completed we, as

noted in the transcript, concluded that he had been sexually abused and was not untruthful in this matter.

"Notice that at the start, our diagnostic opinion was not settled by the patient's report. Rather efforts were directed towards verifying or rejecting his account of events that had happened years before. We believed and still believe that we were ultimately acting in the patient's interest by retaining an initial skepticism towards his claims and in launching a good faith effort to confirm or reject them. We encourage similar efforts — not necessarily of an identical kind — to challenge childhood memories when subsequent treatment and management will depend upon their accuracy."

#### RECOMMENDED READING

Admissibility of hypnotic evidence in U.S. courts. Giannelli, P. *International Journal of Clinical and Experimental Hypnosis*, Vol XLIII, No 2, April 1995, 212-233.

Necessity of memory experts for the defense in prosecutions for child sexual abuse based upon repressed memories. *American Criminal Law Review*, Vol 32 No 49 (1994) 69-75.

Repressed memories and statutes of limitations: Examining the data and weighing the consequences. Campbell, T., *American Journal of Forensic Psychiatry*, Vol 16, #2, (1995), 25-51.

Some additional light on the childhood sexual abuse-psychopathology axis. Levitt, E. & Pinnell, C. *International Journal of Clinical and Experimental Hypnosis*, Vol XLIII, No 2, April 1995, 145-162.

## Satanic Panic is Sweeping through Ontario

By a Parent from Ontario

Something strange is happening in Ontario. Since November 1994, five satanic ritual abuse conferences or workshops were held in various cities across the province. The one in Toronto was held under the title "Fighting the 'false memory syndrome' backlash," was for women only, and participants were instructed not to wear black, white or red dresses, stripes, and black combat boots, in order to be sensitive to ritual abuse survivors. Then there was a two-part conference in Thunder Bay called, "Making up for lost time: A community responds to satanic cults, child sexual assault and Masonic ritual torture." The conference was organized by 'local ritual abuse survivors' group called "Stone Angels." The first part, in November, did not draw much attention. The second part, held in January, was exposed by Donna Laframboise in the Toronto Star in two articles. In late February and in early March, "An educational two-day workshop by Gayle Woodsum on ritual and cult-related abuse" was held first in Ottawa and a week later in Bellville. All of these conferences and workshops were funded by various Ontario government agencies, such as Ministry of Health, Ministry of Community and Social Services, Women's Directorate, and Ministry of Northern Development and Mines.

The Thunder Bay conference, understandably, drew attention of the local Masonic lodge. We were informed that the local police at the request of the Masons are now examining the materials from this conference as "hate literature."

Complaints about the Thunder Bay (Stone Angels) conference were sent to the funding agencies and to the premier of Ontario, Bob Rae, a former Rhodes scholar. Premier Rae stated, "...The Stone Angels is (sic) well-respected in Thunder Bay area...This funding will promote healing and support for survivors of ritual abuse...Our government is concerned about the prevention of all forms of violence against women and supports activities which promote public education. This grant is one step in achieving this objective..."

"Claims about satanic cult ritual child abuse (SRA) arise from the convergence of two different moral panics: the child sexual abuse scare and the satanic cult scare. Social scientists use the term 'moral panic' to refer to a social condition in which a great many people in a society over-react to a newly perceived threat to their well-being from social deviants, even though the actual threat is either non-existent or greatly exaggerated. Unlike an episodic panic, such as the 'War of the Worlds' panic of 1938, a moral panic is long-lasting and gives rise to organizations, laws and procedures to combat the perceived threat. Moral panics are usually accompanied by moral crusades against the social deviants and their perceived 'evil' influences in society. Examples of past moral panics include the European witch-hunt, outbreaks of anti-Semitic persecutions, the white slavery scare and the 1950s Red Scare in the U.S."

Jeffrey Victor

Satanic Panic Update, *Skeptic*, June, 1995

satanic abuse. Canadian families must bring this information to the attention of politicians who finance these workshops. The public needs to be educated, but in a very different way than the Ontario government has funded so far.

## "There may be ritual abuse in Utah, but probers can't prove it"

Salt Lake Tribune, April 26, 1995

After two years of looking at the cost of \$250,000, the state released the findings of its satanic abuse probe in a 59 page report. "I'm not sure we disproved it is taking place—I'm sure we didn't," top Deputy Atty. Gen. Reed Richards said. The best investigators could do was "support the thought" that individuals are committing satanic crimes.

"The problem Utah investigators encountered—as have counterparts nationwide—is that the allegations come from 'recovered memories' of people suffering from a mental illness diagnosed as multiple personality disorder. Often the memories are revealed during therapy, many years after the alleged crimes. This makes it virtually impossible to determine their validity."

from a flyer of the National Center for Missing Persons

### MISSING PERSON

Robin Marie Mewes (pronounced Mavas)

Age: 23; Height: 5'4"; Weight: 110 lbs; Hair: Light Brown; Eyes: Brown; Missing From: Terre Haute, IN; Missing Since: Sept 15, 1990

Robin was last seen leaving Rax's Restaurant in Terre Haute, Indiana with three men and a woman. Robin would not make eye contact with or speak to her friends. Robin may be in the company of her mental health counselor Deborah Jean Rudolph, SS# 347-68-4300 who was with her at the restaurant. Ms Rudolph vanished 4 months after Robin. Robin, a victim of FMS, was known to be emotionally and mentally unstable at the time she vanished. She had come to believe that she was a victim of intergenerational satanic cult abuse.

Contact: National Center for Missing Persons  
800-851-FIND

### RECOMMENDED READING

"One Face of the Devil: The Satanic Ritual Abuse Moral Crusade and the Law"  
Mary deYoung, Ph.D.  
Behavioral Sciences and the Law,  
Vol 12, 389-407 (1994).



### Patients Caught in the Middle

Dear FMSF,

When I purchased *Victims of Memory* by Mark Pendergrast a few weeks ago, I read in it the name of my doctor, Dr. Q. I had purchased the book because of the numerous favorable reviews in it from psychologists and doctors. Dr.

Q was portrayed as someone who would make me sicker than I am, create MPD in me which would not otherwise exist, and keep me dependent and in therapy. In short, he was portrayed as an incompetent clinician, a quack.

I have a twenty-year history of inappropriate therapy. My mostly male therapists were often demeaning towards women, some telling me, uninvited, about their sexual prowess. None took seriously my all-too-real and completely remembered traumas. It was after this damaging therapy history that I went to Dr. Q for an evaluation. I was impressed with his kindness, empathy and ethical behavior. He answered my questions about trauma sensitively and directly. He was completely appropriate and professional.

After reading his name attacked in the book in question, I was so distressed that I was in the bathroom weeping. For the next month I had recurring crying spells and a few related nightmares. It was worse than the molestation I experienced as a child. I was not able to cope with the feelings and confusion triggered by seeing Dr. Q verbally attacked. I feel terribly unsafe in therapy with anyone.

I feel angry and resentful. I was put in the position of trying to protect Dr. Q. I feel the doctors who favorably reviewed the book bamboozled me into buying it. I feel

used by them to get at Dr. Q. I feel resentful at a system which paternalistically pats itself on the back for doing things for the good of patients, and yet does something this hurtful and inappropriate. Did any of the doctors reviewing this book consider the effect on the patients of the doctors attacked?

Confused Patient

TABLE 2

Treatment Histories: 26 Cases

#	M/F	Age	Total Alters	Yrs Px	Visits/Wk	Hosps. #/Mos.	Current Alters
1.	F	37	>100	5	1-2	0/0	1
2.	F	39	238	3*	2	1/2	238
3.	F	55	33	3.5	1-2	0/0	1
4.	F	34	27	4*	1-3	3/7	?
5.	M	37	26	4	1	0/0	1
6.	F	27	38	5	1	0/0	5
7.	F	45	88	5	1	4/4	1
8.	F	32	>150	4	1	0/0	1
9.	F	39	>280	7**	1-2	7/18	>280
10.	F	51	409	7	1 dbl	0/0	<10%
11.	F	33	36	4***	1	1/1	36
12.	F	39	56	38	1	3/5	3
13.	F	37	42	5	1	2/1.5	1
14.	F	42	86	5	1	0/0	1
15.	F	27	>100	3	1	0/0	<10%
16.	F	34	37	4	1-2	2/7	2
17.	F	26	36	4	1-2	1/1	1
18.	F	35	38	4	1-2	0/0	1
19.	F	42	>1600	3.5	1-2	0/0	3
20.	F	48	>150	5.5	2	3.14	1?
21.	F	39	685	8	1-2	7/24	7
22.	M	62	36	7	1	0/0	1
23.	F	39	82	8	2	12/30	1
24.	F	46	>4000	3	4	2/37	<5%
25.	F	40	143	7	1-2	4/12	1
26.	F	37	≥4500	7	4	3/52	1

\* Interrupted treatment against advice

\*\* Just returned after 3 year break of therapy

\*\*\* Transferred to another therapist for logistic reasons

page 52 DISSOCIATION, Vol 1, No. 4 December 1988

"The phenomenology and treatment of extremely complex multiple personality disorder" by Richard P. Kluft, M.D.

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Dear Confused Patient,

You are not alone in your feelings and confusion about the mental health system. We have spoken to several people about your problem. They say that it is important to separate what happens in a private therapy session from critical published material.

As an example of the confusion, consider the chart on this page that lists the number of MPD alters of patients of Richard Kluft, MD. Some, like Pendergrast, express skepticism about claims that a patient has 4,500 alters or 4,000 alters. Some ask for evidence of the existence of intergenerational satanic cults before giving lectures on treating it as Dr. Kluft has for Cavalcade video. Others find both claims acceptable. The American Psychiatric Association does and has frequently invited Dr. Kluft to present seminars on treatment of MPD (renamed DID). He will be speaking at an APA sponsored continuing education program in September, for example.

It is a tragedy of the FMS phenomenon

that patients may be caught in the middle and that is why it is so important for professionals to resolve this problem quickly.

FMSF Newsletter Editor

**LEGAL CORNER**

FMSF Staff

**Retrial for memories***San Diego Union Tribune*, April 5, 1995

Rob Egelko

U.S. District Judge D. Lowell Jensen has ordered a new trial for George Franklin who was convicted in 1990 of the murder of 8-year old Susan Nason in 1969 on the basis of his daughter Eileen Franklin-Lipsker's recollection. This case was the first time that someone had been convicted of murder based solely on a recovered memory.

Judge Jensen found that Superior Court Judge Thomas McGinn Smith had erred in instructing jurors that Franklin's silence during a jail visit with his daughter when she asked him to tell the truth could be viewed as a possible admission of guilt. Jensen also ruled that defense attorneys should have been allowed to show jurors 1969 newspaper articles that included crime-scene details of the murder to challenge prosecution claims that Franklin-Lipsker had provided eyewitness information.

In 1990, therapists and psychologists had confined their studies to subjects of recollections of known events. The defense attorneys did not argue that repressed memories do not exist. The prosecution expert, Dr. Lenore Terr, testified that Franklin-Lipsker showed signs of someone who had buried a traumatic event. Terr's theories have since come under heavy criticism.

Dennis Riordan, Franklin's appellate attorney, commented that if Franklin is retried, a conviction will be unlikely because of the errors cited by Jensen and because of an increasing public skepticism about repressed memory.

The state could appeal the ruling to the 9th U.S. Circuit Court of Appeals. Matt Ross, a spokesman for state Attorney General Dan Lungren, declined comment.

After the Franklin conviction, there was a rash of civil filings by plaintiffs claiming they suddenly remembered being abused as children. In California, the statute of limitations on criminal prosecutions and lawsuits was extended to the time the abuse was recalled.

(For more information about the Franklin trial in 1990, we recommend: *Once Upon a Time* by Harry MacLean, a Denver attorney.)

**Jury Awards \$7.5 Million to 4 Charged with Abuse***Los Angeles Times*, April 16, 1995

A Norwalk, CA, Superior Court jury awarded \$7.3 million in general damages to four people who had been arrested 11 years ago on charges of sexual molestation of neighborhood children. The jury is scheduled to consider whether to award additional punitive damages to the four.

The original molest charges were later dismissed in 1985 after several children said they had made up the molest accusations. The arrests had come at the time of the highly emotional McMartin case. The case inflamed the neighborhood and at least one resident threatened to attack the defendants. "There was no evidence," said the attorney for one of the plaintiffs, "but people were up in arms in the city and demanded that somebody be arrested." Those arrested then sued the Sheriffs Department and others alleging false imprisonment, civil-rights violations, defamation and negligent infliction of emotional distress. After so many

years, it never goes away. Once you're labeled with a charge like the one I was labeled with, it stays with you."

Those arrested then sued the Sheriffs Department and others alleging false imprisonment, civil-rights violations, defamation and negligent infliction of emotional distress. They said the sheriff's deputies entered their homes without proper search warrants and arrested them on unsubstantiated evidence. In 1990, the Plaintiffs had won \$3.7 million in damages but county attorneys appealed and a jury trial was ordered. After trial, the jury awarded nearly double that amount in damages.

**Jury rejects sex charge against Capuchins***The Detroit News*, March 29, 1995

Allan Lenge

A federal court jury in Detroit turned down a \$2 million lawsuit brought by Paul Isely, 34 against several priests who taught him in high school in Wisconsin or classes for would-be Roman Catholic priests in Detroit from 1974 to 1979. In a pretrial deposition, two of the priests admitted abusing several children but not Isely.

Attorneys said some jurors thought that Isely may have been abused but all jurors agreed that he had not repressed the memories for up to 20 years. Under the statute of limitations, Isely had two years after the abuse to file a civil claim. Isely said the trauma caused him to lose the memory until he had flashbacks in 1992. The defense said that he invented the amnesia claim to circumvent the statute of limitations. *Isely v Capuchin Province*, 1995 U.S. Dist. LEXIS 3064 (U.S. Dist. Ct. Mich., 1995)

**Recovered memory abuse case dropped***Record Courier*, Nevada, March 16, 1995

Sheila Gardner

On March 10, 1995 District Court Judge Norm Robison dismissed criminal charges against Edward Gerald Dorsey, 56. Nearly two years ago, Dorsey's 35-year old daughter said her father raped her in 1991. She claimed the alleged assault was a culmination of a lifetime of sexual abuse, satanic rites and ritual murder which began when she was a small child. She claims that she didn't remember any of these things until she began therapy in 1993 and the memories flooded back. In a motion for dismissal, the chief criminal deputy district attorney Kris Brown wrote that because of the court's previous rulings on the admissibility of repressed memories and anticipated testimony of defense experts, the state would not be able to prove the charges beyond a reasonable doubt.

In her motion Brown said, "The court entered an order which stated evidence of memories retrieved through hypnosis and expert testimony regarding the retrieval of repressed memories through hypnosis will not be admitted. The order further states that family members of the victim could not testify to the incidents of ritual abuse. Corroboration for the victim's testimony concerning the ritual abuse and thus, the charged crime, came in most part from the testimony of the two sisters."

Since the testimony was ruled inadmissible, according to Brown, the claims were supported only by the victim. Investigators involved in the case were not able to uncover any admissible evidence.

"Because of the anticipated length of the trial and expenses for both the state and defense, the interest of justice would best be served by a dismissal at this time," Brown wrote.



**Utah Supreme Court  
tosses out lawsuit recalling teen rape**  
Salt Lake Tribune, April 19, 1995  
Sheila McCann

Mechelle Roark, now 35, did not claim she had repressed the memory of a rape by a former neighbor when she was a teenager. She filed a lawsuit in 1993 relying on a law passed by the 1992 Legislature. The law extended the statutes of limitations in child sexual-abuse cases. Third District Judge David Young dismissed her lawsuit, ruling the law was not retroactive and did not apply to abuse dating back to the 1970s. The Utah Supreme Court unanimously agreed with that decision.

"We are unable to find any support for Roark's position," Justice Leonard Russon wrote. "To the contrary, there is ample support for the position that the legislators were aware of the problems with retroactive application and intended to avoid those problems by having this section apply prospectively."

In Utah, a person has one year after age 18 to file an assault claim and four years to file an emotional distress claim. Recognizing that victims may not recall the abuse until years later, the 1992 Legislature changed state law. If a victim repressed memories, the deadlines do not begin to run until the events are recalled, the new law says. It applies to Utahns abused since 1992.

**Bids fail to toll limits on filing in abuse cases**  
NY Law Journal, March 31, 1995  
Deborah Pines

The U.S. Court of Appeals for the Second Circuit and the Appellate Division, Second Department, of the New York State Supreme Court, affirmed lower court rulings dismissing suits by women in unrelated cases who were seeking to extend the deadlines on lawsuits against alleged sexual abusers due to purported repression of memories as time-barred.

The Second Circuit's March 29 ruling, Overall v. Estate of L.H.P. Klotz, 94-7407, rejected a woman's claims that the statute of limitations for her suit alleging abuse by her father in the 1940s was tolled due to duress. The New York Supreme Court, Second Department's unanimous March 27 ruling, Steo v. Cucuzza, 93-05336, rejected another woman's claims that insanity and duress tolled the deadline for her suit alleging abuse by her stepfather between 1974 and 1981.

In the first case, Ms. Overall, now 52 and living in California, claims her father abused her sexually, emotionally and physically between 1947 and 1949 when he had custody of her from age 4 to 7. She says the abuse was so severe that she repressed all memories of it for more than 40 years until therapy, starting in 1988, helped her remember. She filed a lawsuit in 1992. Her father died the next year. Judge Cabranes found New York law permitted tolling her claim stemming from childhood abuse until two years after her 21st birthday in 1965 but not beyond that, holding that she had not proved the elements of duress.

In the second case, the plaintiff, Susan Steo, now in her 30s, contended that the Statute of Limitations was tolled for a number of years due to the trauma of the abuse which caused her to repress the memories of the abuse and which caused her to suffer from a variety of psychological and emotional disorders. She claimed that she had physical, emotional and psychological injuries inflicted upon her by her stepfather from 1974 to 1981 when she moved out of the house. The Supreme Court rejected her contentions, found that the applicable limitations periods had expired.

**Jury trusts childhood memory,  
convicts father of murder**  
Hartford Courant, April 21, 1995 (AP)

Jurors in Phoenix convicted Eugene Keidel of the murder of his wife in 1966, some 29 years ago. Keidel's daughter, who was 5 years old at the time, came forward two years ago and said she couldn't live with the memory any longer. She did not claim to have suppressed knowledge of the events.

"Jurors who convicted Keidel of murder this week said they were convinced by the riveting story that a tearful Lori Romaneck recounted without the aid of hypnosis or psychoanalysis."

"I don't think the general public finds 'repressed memories' credible," said Tom Hoopes a criminal defense lawyer and former prosecutor in Boston.

**Therapist makes deal on false memories claims**  
Phoenix Gazette, April 26, 1995

Alfred Ells, director of Samaritan Counseling Services, has agreed to submit his state certification to a one year's probation under supervision of the Arizona Board of Behavioral Health Examiners. Relatives of fine patients have complained that therapists at Samaritan convinced their children that they had been abused. (Samaritan Counseling is not associated with Samaritan hospitals.) The board will be asked to approve the agreement on May 5.

**AS WE GO TO THE PRINTER, WE HAVE RECEIVED NOTICE  
THAT THE LITTLE RASCALS DAY CARE CONVICTIONS IN  
NORTH CAROLINA HAVE BEEN OVERTURNED.**

**Alice Miller changes her position**  
The Weekend Guardian, April 29, 1995, Natasha Walter

This is a remarkable article about Alice Miller, Swiss psychoanalyst and author of the influential book, "Drama of the Gifted Child" (1979). She has had a seminal role in the philosophic underpinnings of the recovered memory movement. Miller traced the roots not just of personal neurosis, but of all social ills, back to childhood. Her theory provide a focus of resistance to the theory that genes cause violence and criminality.

"In all her work to date, Miller has remained committed to the usefulness of therapy. Her original project was a grandiose one, revolutionary in its scope—to reform the whole world by showing every disturbed person, every criminal, that all their problems stem from the way their parents treated them, and that they must allow themselves to feel their emotions before they can move on."

In the last year, Miller has changed her position.

"I would say, if you go into therapy, from the beginning, don't go as a child, but as an adult." "If someone doesn't want to know about his past, perhaps it is better for him not to know it. We can't force the truth on everyone." "Maybe it is not so important to look back in order to find a way to organize one's life in the present. If a good therapist helps us to organize a healthy life, the childhood trauma wouldn't be triggered."

Miller is concerned that her arguments have been twisted by cults and quacks who don't want to let the children grow up.

## THE SEARCH FOR "SPECIAL MECHANISMS" IN MEMORY: FLASHBULBS, FLASHBACKS, AND OTHER NOT-SO-BRIGHT IDEAS

Charles A. Weaver, III  
Associate Professor of Psychology,  
Baylor University, Waco, TX 76798

Few concepts in the study of memory have generated as much interest as "flashbulb memory" and "repressed and recovered memory." Even people with little formal training are familiar with the concept of flashbulb memory: "Where were you when you received word that John Kennedy had been assassinated?" "What were you doing when you learned that the space shuttle Challenger had exploded?" Almost everyone who is old enough to remember the events can vividly recall who they were with, what they were doing when they heard the news.

Though less common in everyday experience, most people also have an intuitive understanding of the phenomena of repressed and recovered memory: some event, almost certainly some tragic event, is so overwhelming that rather than remembering the event in detail, the event is "blocked out" of consciousness. However, at some later point, something "triggers" the retrieval of the repressed memory, and it comes back perfectly detailed, vivid, and accurate.

On the surface, these two types of events -- events which lead to flashbulb memories and those which lead to repressed memories--seem to have little in common. After all, one leads to perfect memory (or so it is generally assumed) while the other leads to conscious blocking, though later perfect retrieval, of a memory (again, as generally assumed). However, upon closer examination, the two types of events share a great deal in common (first noted by E. Loftus and L. Kaufman<sup>1</sup>). In this paper, I will discuss the similarities between the types of memory, briefly review the outcome of nearly two decades of intense scientific investigation into flashbulb memories, and draw some parallels between what we now know about flashbulb memories, and what is likely correct about repressed memories. The results may come as quite a surprise.

### Flashbulb Memory

The term "flashbulb memory" was first coined by Brown and Kulik in 1977<sup>2</sup>. Brown and Kulik investigated memory for the Kennedy assassination, an event which is still considered the prototype flashbulb event. What kind of events lead to the formation of flashbulb memories? The properties typically associated with flashbulb memories are listed on the left side of Table 1. (The properties typically associated with repressed and recovered memories are listed on the right side, and will be discussed later.)

Table 1.

### Commonly Accepted "Folk Beliefs" regarding Flashbulb Memory and Repressed Memory.

FLASHBULB EVENT	REPPRESSED EVENT
Perfectly:	Perfectly:
• Accurate	• Accurate
• Accessible	• Inaccessible, (initially)
• Retrievable	• Retrievable (ultimately)
• Complete	• Complete
• Detailed	• Detailed
• Unchanging	• Unchanging
• Higher confidence means greater accuracy	• Higher confidence means greater accuracy

For several years following publication of the original article, memory researchers commonly assumed that flashbulb memories *did*, in fact, have the properties generally attributed to them. After all, it is almost impossible to verify these reported memories; furthermore, the memories are generally reported with extreme confidence. However, memory researchers began to look critically at the claims surrounding flashbulb memory.

Michael McCloskey and his colleagues made one of the most thorough attempts at verifying the claims surrounding flashbulb memory<sup>3</sup>. Specifically, McCloskey and his colleagues identified the four most remarkable properties attributed to flashbulb memory, what they called the "strong claims." These strong claims are that the memories are perfectly detailed, perfectly vivid, perfectly resistant to forgetting, and perfectly accurate. These properties imply a "photographic-like" quality to these memories, which would set them apart from all other memories. Indeed, McCloskey and his colleagues were willing to concede that if these "strong claims" were supported, then flashbulb memories would be sufficiently unlike all other memories. The production of perfect flashbulb memories require the need for a "special memory mechanism." No other memories have the properties generally attributed to flashbulb memories.

When these strong claims were tested, though, it was clear that flashbulb memories did not have any special properties. The memories were better than most other memories, but they were not perfectly detailed, perfectly accurate, perfectly vivid, not immune from forgetting. They were good—but normal—memories for important events. Most importantly, they concluded that no special mechanism was needed to produce these memories.

Later research conducted in my laboratory<sup>4</sup> has confirmed these findings, but added one other component to our understanding of flashbulb memory. My research has shown that while memory for extraordinary events is not

1. Loftus, E.F. & Kaufman, L. (1992). Why do traumatic events sometimes produce good memory (flashbulbs) and sometimes no memory (repression)? In E. Winograd & U. Neisser (Eds.), *Affect and accuracy in recall: Studies of "flashbulb" memories*. Cambridge: Cambridge University Press.
2. Brown, R. & Kulik, J. (1977). Flashbulb memories. *Cognition*, 5, 73-99.

3. McCloskey, M., Wible, C.G., & Cohen, N.J. (1988). Is there a special flashbulb-memory mechanism? *Journal of Experimental Psychology: General*, 117, 171-181.
4. Weaver, C.A., III. (1993). Do you need a "flash" to form a flashbulb memory? *Journal of Experimental Psychology: General*, 122, 39-46.

necessarily better than memory for ordinary events, the extraordinary events are typically remembered with much higher levels of confidence. That is, one of the things which may make flashbulb memories unique is the confidence with which they are held, even when this confidence doesn't necessarily lead to increased accuracy.

In conclusion, then, it is clear that flashbulb memories are not "photograph-like," as their name implies. Though the memory for these events is usually quite good, it is clear that good memory for these events is nothing "special." Furthermore, it is likely that these events are recalled more confidently even when they are not recalled more accurately.

### The Relationship between Flashbulb Memories and Repressed (and recovered) Memories

I wish to identify three critical, striking similarities between events which lead to flashbulb memories and those which lead to repressed and recovered memories. The first similarity is the nearly-identical circumstances surrounding the formation of these two types of memories. Table 1 lists the properties associated with the two events. Why should they sometimes lead to very good memory yet other times lead to *no* memory?

The second similarity between the two types of memory is the degree to which they are accepted as "true" by the general public. Flashbulb memories are almost uniformly believed to be perfect, accurate, detailed, etc. The general

public also believes that memories which are reported with high confidence are also likely to be more accurate. The past few years of research investigating the claims of flashbulb memory have shown that these generally accepted beliefs *are incorrect!* To what degree does the general public's "folk beliefs" regarding memory influence the level of unquestioned acceptance of flashbulb and repressed memories?

The third similarity

between flashbulb and repressed memory revolves around the idea of a "special mechanism" for their production. If flashbulb memories had the properties generally attributed to them—which they don't—then they must be the product of special memory mechanisms. Science has held that simple explanations are always preferable to complex ones—this is the principle of *parsimony*. Postulating a special mechanism to produce flashbulb (or repressed) memories would violate this principle of parsimony (also known as "Morgan's Canon"). The burden of proof, then, falls squarely on those who believe flashbulb or repressed memory to be "special."

### Why should such similar events produce such different memory outcomes?

The mechanisms generally assumed to produce repression have their origins with Freud. Briefly, Freud believed that some memories were so threatening that they were somehow "walled off" from consciousness. This implies that the memories are still there, though they may be currently inaccessible. This also implies that they may be subject to later retrieval. Neither of these assumptions has been validated.

The consensus regarding flashbulb memories now is that they are vivid, but quite normal memories of extraordinary events. They are characterized by things which generally enhance memory: high affect, personal significance,

novelty, surprise, frequent rehearsal (both covert and overt) and so on. These are summarized in Table 2. In a sense, then, flashbulb memories are better than normal memories because they *should* be better—they are memories for memorable events! It is equally clear, though, that they are normal memories, subject to the same constraints of other normal memories. They are reconstructive, they frequently change over time, while the gist is often well remembered, the details often change, and so on. A list of common sources of reconstruction for both flashbulb memories and alleged repressed memories

Table 2

### Properties of flashbulb memories, and those to be expected in Repressed and Recovered Memory

	FLASHBULB EVENT	REPRESSED EVENT
<i>Level of Scientific Understanding</i>	High	Low
<i>"Folk" Belief</i>	Memory as "videotape"	Memory as "videotape"
<i>Typical Affect</i>	Relatively High	Extremely High
<i>Novelty</i>	Relatively High	Usually High (except in the case of repression of repeated abuse)
<i>Importance of Events</i>	Relatively High	Extremely High
<i>Personal Significance</i>	Relatively High	Extremely High
<i>Personal Confidence in Memory</i>	Modest	Once retrieved, extremely high
<i>Correlation b/w Confidence &amp; Accuracy</i>	Modest	High
<i>Need for Rehearsal?</i>	Yes	No
<i>What kinds of changes in memory?</i>	<ul style="list-style-type: none"> <li>• Loss of Detail</li> <li>• Omissions</li> <li>• Reconstructions</li> <li>• Confabulations</li> <li>• Reinterpretation</li> <li>• Very little true hypernesia</li> <li>• Often, increased in confidence with re-telling</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of Detail</li> <li>• Omissions</li> <li>• Reconstructions</li> <li>• Confabulations</li> <li>• Reinterpretation</li> <li>• Very little true hypernesia</li> <li>• Often, increases in confidence with re-telling</li> </ul>

is also listed in Table 2. Many individuals, including most psychologists, underestimate the role that therapists, hypnosis, workbooks, and group interactions can have on the creation and modification of memories.

The best answer to the question posed above—why should such similar events produce such different memory outcomes?—is that they shouldn't. To the extent that these memories are indeed forgotten, that should make them even *more* susceptible to reconstructive influences. Type of psychogenic amnesia for events—amnesia produced by psychological factors rather than physiological factors—differs in one critical respect from the concept of repressed and recovered memories. To the extent that psychological factors disrupt memory (psychogenic amnesia), this amnesia is permanent. The event should not be subject to later retrieval.

To summarize, the most likely outcome for these extraordinary events is better but not perfect memory. But these are normal episodic memories, subject to the same changes and distortions of other memories. If the event is sufficiently shocking or threatening, it *may* produce psychogenic amnesia (though there is remarkably little scientific evidence validating this type of psychogenic amnesia). If so, however, it should *permanently* impair memory.

### The Role of Folk Beliefs in Memory

Though science has made some genuine progress in the study of memory, especially in the last 30 years, most people are unaware of these advances. In fact, most people, including most psychologists, believe that memory works largely like a videotape—that every event that has transpired is stored somewhere. The usual problem with retrieval is that you simply can't locate a memory.

As a result of these commonly accepted folk beliefs, most people assume several things about memory. First of all, they accept at face value that both flashbulb memories and repressed memories exist, and that both are perfectly accurate, detailed, and unchanging. Second, they assume that an individual's confidence in a memory is directly related to the accuracy of that memory. Finally, they assume that since "memory is a videotape," memories cannot be falsely created, changed, or constructed. All of these assumptions are incorrect.

Virtually all memory researchers now view memory as a *reconstructive* process, not a *reproductive* process. Memory works by providing us with the larger bits of a memory, but most of the details are "filled in" or reconstructed. For example, how many of you would swear in a court of law that you paid to see the movie "Jurassic Park?" I would—though I don't have a conscious memory of paying. However, I know I saw it at a theater and not on TV. I know I must pay to see movies in a theater. Therefore, I must have paid—but the memory of paying is *reconstructive*.

Folk beliefs reflect the common understanding of memory, by the average per-

son. Juries are comprised of our peers, and most of our peers believe memory works like a videotape. They believe that things like therapy and hypnosis can bring back otherwise inaccessible memories. Perhaps even more importantly, these same beliefs likely reflect the typical accuser in a lawsuit. The accuser may have said something during hypnosis that they did not consciously recall before. Even though they still don't recall the event, they may believe it to be true because they believe "hypnosis improves memory, especially for events which otherwise would not be recalled." Confident witnesses make believable witnesses, even if their confidence is misplaced.

### The Need for Special Mechanisms in Memory

During the past century, memory for all kinds of events has been studied. We now know a great deal concerning the factors which contribute to good memory, those which lead to poor memory, and those in between.

When flashbulb memories were first identified in the late 1970s, it appeared that we had found a type of memory unlike any other. These flashbulb memories were perfect, unchanging, etc. However, as I have pointed out, the initial claims for flashbulb memories have not been supported. Almost without exception, memory theorists are ready to conclude that flashbulb memories as originally formulated do not exist. They are good—but not exceptional—memories for events which *should* be well-remembered. Most importantly, they are clearly the product of normal memory mechanisms.

As difficult as it was to test the claims surrounding flashbulb memory, it may prove even *more* difficult to test special theories of repressed and recovered memory. After all, we would need to be able to independently verify the truthfulness of these memories, something which is probably impossible.

But we can say something about memory for the most comparable situations, flashbulb memories: we have not needed to postulate special mechanisms. The strongest (and widely believed) claims about flashbulb memory have not proven true.

### Conclusions

The problem of abuse in childhood is real, and the long-term effects can be tragic. **It is not necessary to deny the problem of abuse in order to question the accuracy of recovered memories.** Furthermore, accepting something as "true" in a clinical setting (as most therapists do) is quite different from assuming that the remembered account is literally true.

The psychodynamic aspects of memory are essential to therapy. However, most individuals—including most psychologists—make assumptions regarding these "lost but now found" memories. These beliefs—that the memories are accurate, permanent, and immune to forgetting—cannot be supported in light of current memory theory.

There are solid indications that a phenomenon known as source amnesia (in which a person forgets the source or context in which a memory originated) renders people vulnerable to memory distortions. When people cannot remember the source of a memory, they are apt to confuse whether it reflects an actual event, a fantasy or something that was said or suggested. The role of source amnesia in therapeutically induced false recollections remains to be explored.

Daniel L. Schacter

*Scientific American*, April 1995, Review: *Making Monsters*

## FROM OUR READERS

## Returning to the family

*(Following are letters from the mother, the father and the daughter of one family)*

We want too do all we can to help prevent other families from hurting like we did. We also want to help prevent others from having to go through the ordeal our daughter and her husband went through.

Our daughter is a retractor. Even though our daughter is a retractor, my husband and I are not giving up the fight against False Memory Syndrome. During the months when we were labeled "Accused Parents," we could hold our heads high because we knew we were innocent, but our hearts were broken. Being the mother of a retractor has been a full time job; but the big difference is that your heart does not hurt anymore. My daughter and I had to work through the problems. It is painful to listen to the sad stories of what my daughter went through; but it is good medicine for both of us just to hug each other and cry together.

At times I feel guilty that our daughter has retracted when so many others have not. Our new friends from FMSF have been such an encouragement through all of this and assure us that it gives them hope. My husband and I even get to baby sit for our grandchildren again; just a few months ago I thought this would never be possible. It is a joy that I pray will be yours someday.

The first thing my daughter said to me when we got back together was "Mom, I never stopped loving you." How in the world was I supposed to know that? As time heals the wounds, my daughter and I want to go out and talk to others about FMS; we especially want to talk to church groups as we see this is where a lot of the damage is being done.

From the very start, my husband and I have had the attitude that the devil knocked at the wrong door! We have taken an active role in warning others about the False Memory Syndrome; and with God's help will continue to do so.

*Child abuse is horrendous, but encouraging someone to believe they have been molested when they have not is barbaric.*

A Mom

I had not realized that anything could have such a devastating effect, not only on our whole family but also on our entire being. I am thankful for the information from FMSF. Had it not been for our faith in God, I do not know how we would have maintained our sanity. It was comforting to know we had the love and support of our other two children, our family, and our friends.

Our love for our daughter never wavered during the time of her false memories. We never blamed her because we were knowledgeable on the subject and cause of FMS.

"Professionals must understand that most families feel that they have been attacked. We have had both our offspring and our reputations ruthlessly stolen from us. Don't expect us to behave with the same polite aplomb as we would if someone had merely stepped on our toes in passing. We are appropriately defending ourselves, as any self-respecting person would, in our circumstances."

A Dad

Before we determined what was wrong with our daughter, she told her sister about her memories. Our son recommended that we access the CD NewsBank at the Public Library under "False Memory," "Repressed Memory," and "Regressive Memory Therapy." Our son and daughter suggested we do research before they revealed to us what was going on in our daughter's life. We figured out what was coming after reading a few news articles and "Lies of the Mind" in *Time*, November 1993. Just a week before I had read an article by Rev. Abshire in the *Chalcedon Report* No 344, March 1994, "The Psychological Shell Game vs Biblical Revelation" in which he stated, "Iatrogenic therapy is now achieving epidemic proportions with what is known as False Memory Syndrome." I continued to spend hours in the library searching for additional articles and information. The personnel in the library were very helpful and ordered the new books that were published on the subject.

To be with our grandchildren again is wonderful beyond description. What is tragic is that when our daughter most needed support and love from her family, she was told, "It is not in your best interest to see your family." Facts have proven otherwise. Her husband brought her back to us. After there was contact, she began to see what had happened. We are thankful for the return of our whole family.

A Dad

After a year in "Christian" counseling and six weeks after having a baby, I had my first "memories." The memories caused me to have a nervous breakdown. My counselor had told me "God causes you to forget your abuse until you are older and can cope with it." I believed that sexual abuse could

be repressed because an acquaintance had recovered memories of her sexual abuse.

When the pressure of life got too tough, I gave up. I went through months of depression, anxiety, and suicidal thoughts after separation from my family. My husband went through great pain and grief taking care of me, two children and a newborn while trying to work at the same time.

After my second breakdown, my husband contacted my parents for help. They gave him information on FMS. He reminded me that I had never had these horrible memories before I went to counseling. He said "repressed memories" is a theory and that it is not supported by the Scriptures.

It is by God's grace that I was able to begin to understand that the memories that were so painful and so real might be false. My parents have been so forgiving. I have lost so much of my life and so have my husband, children and the families from both sides.

The belief of "repressed memories" has done much damage. The realization that this theory is not Biblically based must be shown to the churches that are teaching it as fact.

A Daughter, Wife, and Mother

## My Daughter's Hearing of her Complaint against her Therapist before the Massachusetts State Licensing Board

In March of this year, in the midst of the questions (most from the Board's lawyer) to my daughter were some about her dreams in which I, her father, showed up as the spectre of her nightmares. The dreams and other fears/imaginings became the basis for referral to self-help books and to a Christian therapist who, using symptomatology, confirmed the worst, childhood sexual abuse.

Right in the middle of the questions from the Board's lawyer, another member of the committee proceeded to psychoanalyze my daughter, whom she had never seen before. Here is a close approximation of her comments to my daughter:

You were a friendly little girl; you needed friends, but you were rejected, so you were lonely. One of your brothers was probably more outgoing than you were and you felt somewhat inferior because he could be what you couldn't. Your brothers didn't want you to tag along after them. Your dreams are a sign of a fixation you had about your father; it represents a dream transference in which you expressed hatred against your father which you really felt for yourself because you felt yourself to be unloved.

This came after ten minutes of listening to my daughter describe how her therapist pressured her with a threat to halt therapy unless she wrote a letter of confrontation to me.

After this psychobabble, my daughter said, "In the first place, I am the oldest, so I wouldn't be 'tagging along' after my baby brothers. What you're saying makes no sense whatever in regard to my complaint against the therapist."

My daughter did not go there to be psychoanalyzed. She went there to complain about this same type of stuff!

**ADDENDUM:** I learned after the hearing that the member of the Board who tried to "analyze" my daughter had no professional qualifications. Sound familiar?

### Coping

I thought of my daughter as temporarily away. I thought of the accusing person as in no way related to my child. I prayed continuously for the grace to accept my daughter should she come back rather than being angry at her. That grace was granted to me when my daughter did return. What once seemed so impossible has actually happened and our family is now happily reunited.

A Mom

### Lots of Work

How do we cope? A very interesting question. It is so incredible to be accused of something so terrible and be able to say only, "we are innocent."

We cope by keeping extremely busy so as not to let this hideous part of our lives gain a foothold in our everyday living. We have a stronger belief in God than we had before this. Without a religious background, and an excellent church, we would be without hope. We are as active in the church as possible.

Hobbies keep our minds focused on something besides our horror. For instance, sewing, cake decorating, gardening, baking, piano playing, computer, mall walking. It seems all are important hour after hour, day after day.

Our retirement years were not expected to be turmoil where we must keep busy to survive. It's like being in hell with no way out. We're so thankful we know the truth and we can at least try to shut one door and open another.

A Hurting Mom and Dad

### A Message to Professionals

When I hear the uproar from professionals about a father picketing outside a therapist's office, I have to wonder! Have professionals ever stopped to compare the two disruptions — that of a father, with a sign, walking back and forth on a sidewalk versus that of a family being torn apart, reputations ruined, by so-called recovery of repressed memories which never happened?

On a sheer level of magnitude, what seems to you, dear readers, the more serious violation?

Another Father of a "Lost Daughter"

### Coping

At first I was tearful, empty, irritable, full of despair and helplessness. I was paralyzed, motionless. I cried until I was too numb to feel. But the shared suffering eased the pain. So many parents who have experienced this 90's fluke. I ceremoniously removed objects connected with my daughter, but you can't surgically remove an emotional part of you.

Now, two years later, my most ardent prayer is that I spend more time on productive things. I rest in the fact that we are not guilty. The bizarre accusations are confabulations. The only thing we have been guilty of is loving our children too much and bailing them

our of their problems too many times. The rest of my children are still part of the family. I thank God for them. I tried to ride this out alone and found that I could not endure the weight of such devastation without support. This was a drive by shooting at my heart. It was a hit and run.

A Mom

### Thanks

Thank you for helping me with my accusing daughter. It wasn't just the information that you mailed. It was what the man in the office and the man in Ohio told me that helped me "understand" what was happening with my daughter. When my daughter called me, I was able to avoid angry and bitter words that would have driven us farther apart. I told her, from the bottom of my heart, that I loved her and missed her more than anything in this world. I pray the love and the truth somehow can get through the wall she has allowed to be put up around her. Thank you for being there.

A Dad



### Coping

•Avoid making any major personal decisions in the initial period of confrontation, if possible. Those impacted by FMS are emotionally numb, noticeable in periodic confusion, insomnia, etc.

•Link into the FMS Foundation. Educate yourself. Read.

•If financially possible, locate a counselor skilled in the FMS phenomenon.

•Consult a lawyer.

•Let your child know that you do not have the same "memories."

•Build a network around yourself -- trusted physician, minister or rabbi, selected friends and relatives.

•Work to allow for family normalcy and even humor. Make special plans for holidays to minimize the pain of the loss - maybe celebrate in a different place and invite new guests. Spend extra time with the other children.

•Take time to nurture yourself. Remember that high stress lowers immunity levels. Exercise and eat well. Keep in close touch with your family physician.

•Don't distance yourself from those who love you. The hurt is so great that many want to run away or hide. Instead, try to reach out to others.

•If grandchildren are involved, they will naturally want to please their parents. While it is true that they are being damaged, remember that children are resilient.

•Stay in touch with your accusing child and grandchildren if it is possible. Send cards that express love.

We must educate ourselves in FMS and work to share that knowledge with others, especially notifying the psychiatric and legal community that something is very wrong that must be addressed and corrected. Each of us must choose his or her own path in this respect. Some will be more vocal than others and it is important that we respect the differences. The strategies above are a beginning point. You must work to develop what is best for you and draw upon the wonderful reservoir that is the human spirit.

A Professional and a Mom

### How does a family cope with this?

A few months ago, one of the families of our local group lost an accusing son. Before he committed suicide, their son had tried to sue these parents for millions of dollars on the basis of "repressed memories" of sexual abuse. He lost. At his funeral, members of the family who had been divided on this issue were brought together for the first time. The grieving congregation were listening to the clergyman trying to bring some peace to the group who were trying to cope with the loss of one so young. Suddenly, several rowdy young people walked in shouting that the deceased parents had molested their son. Mourners rushed over trying to get these individuals who identified themselves as 'survivors' to leave. The 'survivors' shouted louder and louder saying that they were speaking for their friend who could no longer speak for himself. It was some time before they left and the ceremony could be resumed.

My wife and I were told that we were to have no contact while our child searched for what had happened. We respected her wish. She said it would be temporary and that she would later tell us when we could be a family again. It never came about. That was five years ago and now we don't even know where she is.

A Dad

*(Editors Note: Many families have asked for guidelines to help them cope with the disruption of FMS. No guidelines can cover all families and all circumstances. Complex problems don't have simple solutions. Following is an excerpt of the kind of information for which some families are looking.)*

### DOS AND DON'TS FOR FAMILIES OF ACCUSING CHILDREN

Claudette Wassil-Grimm

*Diagnosis for Disaster* \$22.95 (+ \$3.50 S&H)

Overlook Press, 2568 Rt 212, Woodstock, NY 12498

#### DO DO THIS

Keep in touch in small, non-threatening ways.

Be sympathetic to your child's pain and supportive of her in other aspects of her life.

Remind your child of good times in the past in a conversational (not preachy) way.

Encourage your child's dreams and plans for the future.

Keep your child informed of major family events such as a marriage or the death of grandparents.

(list continues)

#### DON'T DO THIS

Don't exhibit anger with your accusing child. Her mind is not her own

Don't send literature you think your child might find "interesting." That triggers resistance.

Don't sue or threaten the therapist unless you have given up all hope of reconciliation.

Don't criticize your child's therapy or therapist.

Don't force the family members to take sides.

### Request for Information

Families who are experiencing or have experienced reconciliation with an accusing family member are asked to share their experience with others. This information is being used in current research as well as the upcoming book *DEFENDING YESTERDAY*, a guide to help families experiencing the FMS problem. Please explain in detail... How did the reconciliation come about? What worked? What made things worse? What helped you get through this experience? What advice do you have for other families? You do not have to give your name.

Please write to: Sheila S. Gerschler, M.S., 240 Joy Drive, Talent, OR 97540, 503-535-2835

(If you call, leave your name, number and best time to call you back.)

## MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that three years ago, FMSF didn't exist. A group of 50 or so people found each other and today we are over 16,000. Together we have made a difference. How did this happen?

**Ohio** - One Dad writes, "I still don't know what to do for my daughters who are trapped in a repressed memory group. But I can write. Sit down in a quiet place with a big pad, a bunch of pencils and 2 large boxes of Kleenex and WRITE about what happened. Fill the pages with facts and feelings. Get up once-in-a-while, walk around the room, scream and yell, get advice from someone who really counts and do it again until you are finished. Send copies, hand written, tear stained, to your state and federal legislators, the professional organizations, NASW, both APAs. Then you will have done something to stop this madness."

**Wisconsin** - One Mom went to her local library and looked for *Confabulations*, *Making Monsters* and *Victims of Memories*. The library didn't have them. She requested they be ordered. After 6 months *Confabulations* was available, not the other two. The Mom donated the books and got the librarian's attention. They discussed the enormous amount of material published in the last two years on the subject. The librarian suggested that perhaps a "Display" could be done on FMS. The person in charge of the "Display" was approached and was delighted to have such an interesting theme. The Mom supplied research material, graphics, ideas, etc. She also called the State Contact who told her that Eleanor Goldstein and Mark Pendergast were printing up posters especially for libraries. Thousands of people will see that display. That makes a difference.

### Missouri -

The legislation is "wrongly being promoted as a consumer protection bill" and it "would effectively render the practice of psychotherapy impotent as well as illegal." Joan Shapiro, M.S.W., *St. Louis Dispatch*, April 7, 1995.

Ms. Shapiro's comments "sound like an endorsement of anything-goes therapy... If Shapiro feels that the bill is deficient, I encourage her to suggest other means to preclude the blatant misuse of therapeutic procedures that have not been proven." Robert Redelfs, *St. Louis Dispatch*, April 15, 1995.

A hearing was held in Missouri to introduce legislation relating to mental health treatment with the idea that it would provide consumer protection. The legislation was introduced by a legislator who had attended the conference

in Baltimore. The first speaker noted that insurance companies have been paying for therapy in which patients recover abuse in past lives, abuse by space aliens and abuse by intergenerational cults. A doctor who had been accused by his grown daughter testified. A retractor testified that she had come to believe that her family was involved in satanic ritual abuse and that she performed sacrifices. She said she lost her teaching job, all of her money and was isolated from her family. She went on public assistance. Her therapist was not licensed. A septuagenarian testified that being accused by his daughter was more difficult to deal with than seeing another daughter killed in a bicycle/automobile accident 11 years ago.

Two psychiatrists and two psychologists spoke against the proposed legislation. They agreed that the outcomes described by the first speakers were occurring. They seemed to have difficulty explaining how their professional organizations were dealing with the problems.

Families and professionals and political leaders are working together in Missouri to try to find a way to solve the problem that has affected so many people.

### Help needed with a small research project

How can we capture the general climate of therapeutic practices in 1995? One attorney has started to collect notices and advertisements in telephone books under two different categories:

- (1) Counseling
- (2) Hypnosis.

Check out your telephone book and send us what you find under these headings. If you travel, check the phone books where you are visiting. Please send your examples to FMSF, Suite 130, 3401 Market Street, Philadelphia, PA 19104. Thank You.

## NEW

### FALSE MEMORY SYNDROME VIDEO

A video copyrighted by the  
False Memory Syndrome Foundation  
app. 16 min

Overview of False Memory Syndrome. Images and voices tell the tragic, yet sometimes hopeful story. Explores the key psychiatric, psychological and scientific issues through interviews with researchers and clinicians and family and retractor stories. While the problem is complex, one important fact remains:

*We must work together to assure that our mental health practices are so good that they both encourage true victims of child abuse to come forth and discourage false accusations. (Pamela Freyd, Ph.D.)*

To order: send \$10.00 + \$2.50 S/H (US)  
False Memory Syndrome Foundation  
3401 Market St., Suite 130  
Philadelphia, PA 19104  
800-568-8882.

\*This video would be appropriate to send to other family members to friends as a way to explain what has happened in your family.

## RETRACTOR'S NEWSLETTER UPDATE

Thank you to those who have expressed an interest in receiving the Retractor's Newsletter. There have been many requests for subscriptions. I need support from retractors! Please send your stories, thoughts, etc. to:

Diana Anderson  
P.O. Box 17864  
Tucson, AZ 85731-7864

### Documentary Video Making Memories:

#### The Recovered Memory Movement

Experts Analyze the Story of a Woman Subjected to Dangerous Therapy Practices and Why It Happened  
A Must-See for Professionals and Families Involved in False Memory Litigation  
\$20 S/H and Tax Inclusive

To order, phone in with MC/Visa or send check:

Berkeley Creek Productions  
3494 Camino Tassajara Rd, Suite 218  
Dannville, CA 94506  
510-736-6359

'Making Memories' is a documentary of Laura Pasley's descent into drug and therapy induced mental illness and her recovery six years later. To explain how this could happen, psychiatrist Lee Coleman and attorney Patrick E. Clancy join Pasley in exploring the development and uncritical acceptance of this dangerous therapy movement of the nineties.

### RECOMMENDED ARTICLE

Pope & Hudson, (1995) "Can memories of childhood sexual abuse be repressed?" *Psychological Medicine*, Vol 25 pp 121-126.

This paper was reviewed by Dr. Bruce Charlton in *The Times* (London) March 14, 1995.

"Repression has been made familiar by a multitude of films and television thrillers during which the hero or heroine suffers a childhood trauma, to which they react by experiencing amnesia of the events. Years later the lost memory floods back, often in response to the proings of a psychoanalyst or hypnotist. The scenario is so familiar that the reality of repression has come to seem like common sense to many people...[the paper by Pope and Hudson] both psychiatrists at Harvard University, throws serious doubt on the issue."

"Drs. Pope and Hudson suggest three main prerequisites [for authentic repression]. In the first place, the traumatic event must actually have happened. There are several acceptable sources of objective evidence for sexual abuse

such as contemporary medical records, photographs, reliable and unbiased witnesses and sometimes confirmation by the perpetrator of the abuse."

"Secondly, repression must be distinguished from concealment, pretending, misleading and lying. This can often be clarified by in-depth interviewing.

"Thirdly, the neurotic amnesia of repression must be distinguished from the normal process of forgetting..."

"Finally, to prove repression, abuse must be sufficiently traumatic that any normal child would be expected to remember the events."

"Reviewing the evidence in the light of their criteria, Drs. Pope and Hudson made an astonishing discovery. In all the published literature on the subject there was not one authenticated case of repression of the memories of the childhood sexual abuse."

"The urgent need is for rigorously designed studies to check the negative finding. The task is not impossible in principle. Drs. Pope and Hudson suggest that investigators could start with medically documented cases of sexual abuse and concentrate on those people where the abuse happened over the age of five and was of sufficient severity to be unforgettable under normal circumstances. Such individuals would be interviewed in two stages. First a general discussion about the history of childhood trauma, then those who denied the abuse could be followed up in a clarification interview when they would be asked directly about the known abuse event. Subjects who still reported amnesia would be plausible candidates for repression."

### Get in touch with your inner self with Disney

March 19, 1995

*Bay Living Sentinel* (from *The Wall Street Journal*)

A new Disney resort institute (for adults and children over 10) will open next February in Orlando, FL. The Institute will offer guests workshops on self-discovery and "reclaiming family stories." "Disney's move is one of the first big attempts by a major corporation to cash in on the New Age movement at a time when spiritual manifestos are crowding best seller lists and workshops on male bonding are jammed," according to the author, Eban Shapiro.

### RECOMMENDED READING

• Gullible's Travels, or The Importance of Being Multiple. Simpson, M., *Dissociative Identity Disorder* (1995), (Cohen, Berzott & Elin, Eds), Jossey Bass.

• Multiple Personality Disorder and False Memory Syndrome (Editorial). Merskey, H., *British Journal of Psychiatry* (1995), 166,

281-283.

• On the belief that one body may be host to two or more personalities. Sarbin, T., *International Journal of Clinical and Experimental Hypnosis*, Vol XLIII, No. 2, April 1995, 163-183.

• Psychiatrists' attitudes to Multiple Personality Disorder: A questionnaire study. Mai, F., *Canadian Journal of Psychiatry*, Vol 40, April 1995, 154-157.

• Skeptical look at multiple personality disorder. Piper, A., Jr., In *Dissociative Identity Disorder* (1995), (Cohen, Berzott & Elin, Eds), Jossey Bass.

## MAY 1995 FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS  
WORKING TOGETHER

### STATE MEETINGS

#### MICHIGAN

**Keynote Speaker: Mark Pendergrast**  
**Saturday, June 10, 8:00 to 5:30**  
(lunch included)

Members from other states invited. Call for info:  
Chris (616) 349-8978 or Jaye (313) 461-6213

#### MINNESOTA

**Saturday, June 24**  
Terry & Collette (507) 642-3630  
Dan & Joan (612) 631-2247

### UNITED STATES

Call person listed for meeting time & location.  
key: (MO) = monthly; (bi-MO) = bi-monthly

**ARKANSAS - LITTLE ROCK**  
Al & Lela (501) 363-4368

#### CALIFORNIA

##### NORTHERN CALIFORNIA

##### SAN FRANCISCO & BAY AREA (bi-MO)

###### EAST BAY AREA

Judy (510) 254-2605

###### SAN FRANCISCO & NORTH BAY

Gideon (415) 389-0254

Charles (415) 984-6626 (day); 435-9618 (eve)

###### SOUTH BAY AREA

Jack & Pat (408) 425-1430

Last Saturday, (bi-MO)

##### CENTRAL COAST

Carole (805) 967-8058

##### SOUTHERN CALIFORNIA

###### BURBANK (formerly VALENCIA)

Jane & Mark (805) 947-4376

4th Saturday (MO) 10:00 am

###### CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925

1st Friday (MO) - 7:00 pm

###### ORANGE COUNTY (formerly LAGUNA BEACH)

Jerry & Eileen (714) 494-9704

3rd Sunday (MO) - 6:00 pm

###### COVINA GROUP (formerly RANCHO CUCAMONGA)

Floyd & Libby (818) 330-2321

1st Monday, (MO) - 7:30 pm

###### WEST ORANGE COUNTY

Carole (310) 596-8048

2nd Saturday (MO)

##### COLORADO - DENVER

Ruth (303) 757-3622

4th Saturday, (MO) 1:00 pm

##### CONNECTICUT - AREA CODE 203

Earl 329-8365

Paul 458-9173

#### FLORIDA

##### DADE-BROWARD AREA

Madeline (305) 966-4FMS

##### DELRAY BEACH PRT

Esther (407) 364-8290

2nd & 4th Thursday [MO] 1:00 pm

##### TAMPA BAY AREA

Bob & Janet (813) 856-7091

#### ILLINOIS

##### CHICAGO METRO AREA (South of the Eisenhower)

Roger (708) 366-3717

2nd Sunday [MO] 2:00 pm

##### INDIANA - INDIANAPOLIS AREA

Nickie (317) 471-0922 (phone); 334-9839 (fax)

Gene (317) 861-4720 or 861-5832

##### IOWA - DES MOINES

Betty & Gayle (515) 270-6976

2nd Saturday (MO) 11:30 am Lunch

##### KANSAS - KANSAS CITY

Pat (913) 738-4840 or Jan (816) 931-1340

#### KENTUCKY

##### LEXINGTON - Dixie (606) 356-9309

##### LOUISVILLE - Bob (502) 957-2378

Last Sunday (MO) 2:00 pm

##### MAINE - AREA CODE 207

##### BANGOR - Irvine & Arlene 942-8473

##### FREEPORT - Wally 865-4044

3rd Sunday (MO)

##### YARMOUTH - Betsy 846-4268

##### MARYLAND - ELLICOTT CITY AREA

Margie (410) 750-8694

##### MASSACHUSETTS / NEW ENGLAND

##### CHELMSFORD

Jean (508) 250-1055

##### MICHIGAN - GRAND RAPIDS AREA - JENISON

Catharine (616) 363-1354

1st Sunday (MO) - please note day change

SEE STATE MEETINGS LIST

##### MINNESOTA - MINNEAPOLIS AREA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

SEE STATE MEETINGS LIST

#### MISSOURI

##### KANSAS CITY

Pat (913) 738-4840 or Jan (816) 931-1340

2nd Sunday (MO)

##### ST. LOUIS AREA

Karen (314) 432-8789 or Mae (314) 837-1976

Retractors support group also meets

##### SPRINGFIELD - AREA CODES 417 AND 501

Dorothy & Pete (417) 882-1821

4th Sunday [MO] 5:30 pm

##### NEW JERSEY (So.) See STATE MEETINGS LIST

#### NEW YORK

##### DOWNSTATE NY - WESTCHESTER, ROCKLAND & OTHERS

Barbara (914) 761-3627 - call for bi-MO mtg info

##### UPSTATE / ALBANY AREA

Elaine (518) 399-5749

Family group meets bi-monthly, call for info

##### WESTERN/ROCHESTER AREA

Call George & Eileen (716) 586-7942 [bi-MO]

##### OHIO - CINCINNATI

Bob (513) 541-5272

2nd Sunday (MO) 2:00-4:30 pm

##### OKLAHOMA - AREA CODE 405

##### OKLAHOMA CITY

Len 364-4063

HJ 755-3816

Dee 942-0531

Rosemary 439-2459

#### PENNSYLVANIA

##### HARRISBURG AREA

Paul & Betty (717) 691-7660

#### PENNSYLVANIA (CONTINUED)

##### PITTSBURGH

Rick & Renee (412) 563-5616

##### WAYNE (includes So. Jersey)

Jim & Joanne (610) 783-0396

Saturday, May 13 - 1:00 pm.

##### TENNESSEE - MIDDLE TENNESSEE

Kate (615) 665-1160

1st Wednesday (MO) 1:00 pm

#### TEXAS

##### CENTRAL TEXAS

Nancy & Jim (512) 478-8395

##### DALLAS/FT. WORTH

Lee & Jean (214) 279-0250

##### HOUSTON

Jo or Beverly (713) 464-8970

##### VERMONT - BURLINGTON AREA

Kim (802) 878-1089

#### WISCONSIN

Katie & Leo (414) 476-0285

### CANADA

#### BRITISH COLUMBIA

##### VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

##### VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

#### MANITOBA

##### WINNIPEG

Muriel (204) 261-0212

Call for meeting information

#### ONTARIO

##### LONDON

Adrian (519) 471-6338

May 21 (bi-MO)

##### OTTAWA

Eileen (613) 836-3294

##### TORONTO - NORTH YORK

Pat (416) 444-9078

### OVERSEAS

#### AUSTRALIA

Ken & June, P O Box 363, Unley, SA 5061

#### NETHERLANDS

Task Force False Memory Syndrome of

"Ouders voor Kinderen"

Mrs. Anna de Jong, (0) 20-693 5692

#### NEW ZEALAND

Mrs. Colleen Waugh, (09) 416-7443

#### UNITED KINGDOM

The British False Memory Society

Roger Scottford (0225) 868-682

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#### Deadline for JUNE 1995 Issue:

Wednesday, May 24th

Mail or Fax meeting notice 2 months

before scheduled meeting:

Please mark envelope or fax: Meeting Notice

Do you have access to e-mail? Send a message to  
pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list (it distributes research materials such as news stories and research articles). It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1995 subscription rates: USA: 1 year \$30, Student \$10; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.

### What IF?

**What if**, parents who are facing lawsuits and want legal information about FMS cases, had to be told, "I'm sorry, there isn't any such thing available?"

**What if**, your son or daughter began to doubt his or her memories and called FMSF only to get a recording, "This number is no longer in operation?"

**What if**, a journalist asks you where to get information about the FMS phenomenon, and you had to answer, "Sorry, I don't know?"

**What if**, you want to ask a question that only an expert, familiar with FMS can answer, and find out that FMSF can no longer provide that information? Where would you turn?

**What if** the False Memory Syndrome Foundation did not exist? A frightening thought, isn't it?

Please support our Foundation. We cannot survive without your support!

*Reprinted from the August 1994 PFA (MI) Newsletter*

### YEARLY FMSF MEMBERSHIP INFORMATION

Professional - Includes Newsletter \$125 \_\_\_\_\_  
Family - Includes Newsletter \$100 \_\_\_\_\_  
Additional Contribution: \_\_\_\_\_

\_\_\_ Visa: Card # & expiration date: \_\_\_\_\_  
\_\_\_ Mastercard: Card # & expiration date: \_\_\_\_\_  
\_\_\_ Check or Money Order: Payable to FMS Foundation in U.S. dollars

Please include: Name, address, state, country, phone, fax

### FMS Foundation

3401 Market Street, Suite 130  
Philadelphia, PA 19104-3315  
Phone 215-387-1865  
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

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